



**The Wisconsin Covenant is a partnership program that includes:**



## **The Wisconsin Covenant Pledge**

### **I pledge that:**

- I will graduate from a Wisconsin high school.
- I will maintain at least a B average while in high school.
- I will take classes in high school that will prepare me for entrance into higher education and will meet or exceed college entrance requirements.
- I will demonstrate good citizenship and engage in activities that support my community.
- I will apply for state and federal financial aid in a timely manner.
- I will apply and do all that is necessary to gain admission to a University of Wisconsin system institution, a Wisconsin Technical College, and/or a Wisconsin private college or university.

### **Along the way, I can expect:**

- Support from the Wisconsin Covenant Community.

### **When I successfully fulfill all Wisconsin Covenant requirements, I can expect:**

- Recognition as a Wisconsin Covenant Scholar.
- A place in a University of Wisconsin system institution, a Wisconsin Technical College, or a Wisconsin private college or university.
- A financial aid package based on my family's federally-defined financial need, including the Wisconsin Covenant Scholars Grant.

***Student Signature:*** \_\_\_\_\_

***Student Printed Name:*** \_\_\_\_\_

***Student Address:*** \_\_\_\_\_

Street Address

\_\_\_\_\_  
City State Zip

## Wisconsin Covenant Enrollment Form

Student information will be used solely for purposes related to the Wisconsin Covenant.

To enroll in the Wisconsin Covenant, students must be in 8<sup>th</sup> grade during the 2010-11 school year, and must submit both pages of the Wisconsin Covenant Pledge & Enrollment Form by **September 30, 2011**.

Please print **CLEARLY** and complete all applicable sections.

Student Last Name	Student First Name	Middle Name	Social Security Number	
Mailing Address		City	State WI	Zip
Telephone Number		Secondary Telephone Number (optional)		
Email Address		Secondary Email Address (optional)		
Date of Birth	Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Anticipated Year of High School Graduation		
Name of 8 <sup>th</sup> Grade School		City		
Name of 9 <sup>th</sup> Grade School		City		
Name of 12 <sup>th</sup> Grade School (if different from 9 <sup>th</sup> Grade School)		City		
How did you first find out about the Wisconsin Covenant?				
<input type="checkbox"/> School <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Friend/Classmate <input type="checkbox"/> Website <input type="checkbox"/> Media <input type="checkbox"/> Other:				

### Adult Signature

- I grant permission for my child to be a Wisconsin Covenant Student.
- I have read all the materials about the Wisconsin Covenant.
- I understand that enrollment in the Wisconsin Covenant does not grant my child admission to or free tuition at any Wisconsin post-secondary institution.
- I understand that my child will receive important and timely information regarding Wisconsin Covenant news and opportunities throughout high school.
- I understand that Wisconsin Covenant Program Partners will be made aware of my child's enrollment in the Wisconsin Covenant in order to provide my child with guidance, support and opportunities that will aid in his/her success of pursuing higher education.

\_\_\_\_\_  
Parent/Guardian/Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Parent/Guardian/Caregiver Name

\_\_\_\_\_  
Additional Parent or Guardian Name

### Media Clearance (Optional)

I allow the publication of my student's name and/or image to be used in press releases, news articles, promotional materials, and/or the Wisconsin Covenant website.

☐ Yes

☐ No

\_\_\_\_\_  
Parent/Guardian Signature

Send your signed pledge and completed enrollment form to:

Office of the Wisconsin Covenant  
505 S Rosa Rd, Ste 101  
Madison, WI 53719